

**St. Mary's Assumption Parish  
Durand**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email Address \_\_\_\_\_

- Company Match  
 I/We wish to remain anonymous.

**Pledges are not legally binding.**



2022453

Total Amount Pledged \$ \_\_\_\_\_

Total Down Payment \$ \_\_\_\_\_

(If applicable, please attach check\*/electronic instruction\*\*)

Balance Remaining \$ \_\_\_\_\_

Please select one of the following payment schedules:

- Monthly Pledge** (Monthly for 60 months)  
 **Quarterly Pledge** (20 Quarters)  
 **Annual Pledge** (5 Years)  
 **Other** \_\_\_\_\_

Please select one of the following payment methods:

- Check\*  IRA Charitable Rollover\*\*  
 Credit Card/EFT\*\*  Stock\*\*

**\*Please make checks payable to: Inspired by the Spirit.  
 Please do not send cash.**

\*\**(Note: See reverse side for Electronic Fund Transfers (EFT) and Credit Card payments information. Gift of Securities, Stock or Grain, please call Stewardship and Development Office 608-791-2653.)*



Giving Plans to Consider*		
Total Pledge	10% Down Payment	Monthly (60)
\$100,000	\$10,000	\$1,500
\$50,000	\$5,000	\$750
\$25,000	\$2,500	\$375
\$20,000	\$2,000	\$300
\$15,000	\$1,500	\$225
\$10,000	\$1,000	\$150
\$7,500	\$750	\$113
\$5,000	\$500	\$75
\$4,000	\$400	\$60
\$3,000	\$300	\$45

For questions and comments, contact Sarah at 608-791-2653 or skomperud@diolc.org

- I authorize the Diocese of La Crosse to automatically withdraw from my checking account or debit my credit card account on the 15th of every month. Donations will continue throughout the 60 month period.
- Please process my down payment.
- Please process my remaining monthly, quarterly or annual pledge amount.
- For Electronic Funds Transfer from a checking account, please enclose a voided check.**
- Credit Card:**  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS
- Card Number: \_\_\_\_\_
- 3-digit Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_\_
- Cardholder Name \_\_\_\_\_
- Email \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing, I authorize the Diocese of La Crosse to debit/charge my account as listed above.



Thank you for  
your support

**GIVE ONLINE**

InspiredbytheSpirit.org